

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

ATTORNEY/AGENT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		6		1			57						
8		60		1			58						
9		60		1			59						
10		60		1			60						
11		60		1			61						
12		60		1			62						
13		60		1			63						
14		60		1			64						
15		60		1			65						
16		60		1			66						
17		60		1			67						
18		60		1			68						
19		60		1			69						
20		60		1			70						
21		60		1			71						
22		60		1			72						
23	1		1				73						
24	1		1				74						
25	1		1				75						
26	1		1				76						
27	2		1				77						
28	8		1				78						
29	8		1				79						
30	8		1				80						
31	8		1				81						
32	8		1				82						
33	8		1				83						
34	8		1				84						
35	8		1				85						
36	8		1				86						
37	8		1				87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2										
TOTAL DEP.	41		35										
TOTAL CLAIMS	43		37										